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Preventive Servic	es				
	Is the service Covered?	Frequency	List any service -	List any service - specific limitations	
Cleanings	Yes	1 x 6 months	May PA additional treatments if medically necessary		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	May PA additional treatments if medically necessary		
Sealants (list any tooth-specific limits)	Yes	1 x 6 months	May PA additional treatments if medically necessary.		
Space maintainers	Yes		For posterior teeth segments only.		
Diagnostic Servic	es				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?	
Oral health screening or assessment	Yes	1 x 6 months			
Dental examinations	Yes	1 x 6 months	May PA additional treatments if medically necessary	When the first tooth erupts (approximately 6 months)	
Assessment of risk for tooth decay	Yes				
X-Rays			1		
Bitewing	Yes	1 x year	May PA additional treatments if medically necessary		
Full Mouth	Yes	1 x every 3 years	May PA additional treatments if medically necessary		
Panoramic	Yes	1 x every 3 years	May PA additional treatments if medically necessary		
Treatment Service	es				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage	
Anti-microbial treatments that stop decay from spreading	Yes		Children up to 6 years of age; special needs populations after age 6.		
Fillings					
Silver amalgam	Yes				
Tooth colored composite	Yes				
Crowns/tooth caps			1		
Stainless steel crowns	Yes - only with prior authorization		If indicated (medically necessary).		
Metal (only) crowns	Yes - only with prior authorization		If indicated (medically necessary).		
Metal/porcelain crowns	Yes - only with prior authorization		If indicated (medically necessary).		
Porcelain (only) crowns	Yes - only with prior authorization		If indicated (medically necessary).		
Root Canals (endodo	ntics)				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		If indicated (medically necessary).		
Root canals on permanent teeth	Yes - only with prior authorization		If indicated (medically necessary).		

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Treatment Services						
Treatment Service	Is the service	Frequency	List any service -	Criteria for coverage		
	Covered?	- requericy	specific limitations	Officeria for coverage		
Gum (periodontal) therapy	Yes - only with prior authorization		If indicated (medically necessary).			
Dentures						
Partial dentures	Yes - only with prior authorization		For permanant teeth.			
Complete dentures	Yes					
Bridges	Yes - only with prior authorization		If medically necessary, anterior teeth.			
Orthodontics*						
Retainers (orthodontic)	Yes		1 replacement per lifetime.			
Braces	Yes - only with prior authorization		26 points on Salzmann Indiex	Under the age of 21.		
Oral surgery				T		
Simple extractions	Yes					
Surgical extractions	Yes - only with prior authorization					
Care of abscesses	Yes					
Cleft palate treatment	Yes - only with prior authorization		Some services require PA and use a multi-disciplinary approach.			
Cancer treatment	Yes		Some services may require PA - multidisciplinary approach.			
Treatment of fractures	Yes					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	Yes					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes					
Anesthesia						
General anesthesia	Yes - only with prior authorization		Office must have license and passed certification.			
Intravenous conscious sedation	Yes - only with prior authorization		Office must have license and passed certification.			
Non-intravenous conscious sedation	Yes					
Analgesia (nitrous oxide)	Yes - only with prior authorization		Up to age 9 for general care. Ages 9 and older require PA.			

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^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the

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treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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